Signature

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6.	Application Data Sheet. See 37 CFR 1.76						
Price For Counder	or application information: Examiner ONTINUATION or DIVISIONAL APPS only: The Box 5b, is considered a part of the disclosure of ti	nuation-in-part ((entire disclosure he accompanyin	CIP) of prior applications or divided to the prior application or	ation No.: up / Art Unit: tion, from which an oalisional application and	th or declaration is supplied		
referer	nce. The incorporation can only be relied upon wh				nitted application parts.		
	19.	CORRESPO	ONDENCE ADDRE	SS		_	
×	Customer Number or Bar Code Label	2	7916	or	Correspondence address below	,	
Name	Andrea L. C. Robidoux Vertex Pharmaceuticals Ir	ncorporated	I				
Addres	ss 130 Waverly Street						
City	Cambridge	State	Massachusett	S Zip Code	Zip Code 02139-4242		
Counti	ry USA	Telephone	(617) 444-673	1 Fax	(617) 444-6483		
Nai	me (Print/Type) Andrea L. C. Robid	OUX	Registration N	o. (Attorney/Agent)	47 902	Ī	

January 29, 2004

PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

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PEP TO ALICANTEAN		Complete if Known							
FEE TRANSMITTAL	Applicati n Number Not Yet Assigned				ssigned				
for FY 2004	Filing Date			January 29, 2004					
Patent fees are subject to annual revision.	First Named Inventor			Paul S. Charifson					
ratent 1995 are subject to annual 1991sion.	Examiner Name			Not Yet Assigned					
Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit				Not Yet Assigned				
TOTAL AMOUNT OF PAYMENT (\$) 1,474.00		Attorney Docket No. VPI/02-128 US							
METHOD OF PAYMENT (check all that apply)			-	FEE	CALCU	LATION (co	ntinued)		
Check Credit Money Other None	2 /	DDITI	DNAI	FEES					
Card Order Other	J. 7	יווטש	JIVAL	- FLLS					
χ Deposit Account		Large Entity Small Entity							
Deposit Account 50-0725	Fee	Fee	Fee	Fee	-	Fac Dans	-1-1		
Number	Code	(\$)	Code	(\$)		Fee Desc	inpuon	Fee Paid	
Deposit Account Vertex Pharmaceuticals	1051	130	2051	65	Surcharge	- late filing fe	e or oath		
Name The Commissioner is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	 late provisi 	onal filing fee or cover		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Englis	sh specificatio	n		
Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a	request for ex p	parte reexamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920*	Requesting Examiner	g publication of	of SIR prior to		
to the above-identified deposit account.	1805	1,840*	1805	1,840*		g publication o	of SIR after		
FEE CALCULATION	1251	110	2251	55		for reply withi			
1. BASIC FILING FEE	1252	420	2252	210	Extension	for reply withi	n second month		
Large Entity Small Entity	1253	950	2253	475	Extension	for reply withi	n third month		
Fee Fee Fee Fee <u>Fee Description</u> Fee Paid	1254	1,480	2254	740	Extension	for reply within	n fourth month		
1001 770 2001 385 Utility filing fee 770.00	1255	2,010	2255	1,005	Extension	for reply within	n fifth month		
1002 340 2002 170 Design filing fee	1401	320	2401	160	Notice of A	Appeal			
1003 530 2003 265 Plant filing fee	1402	320	2402	160	Filing a bri	ef in support o	of an appeal		
1004 770 2004 385 Reissue filing fee	1403	280	2403	140	•	or oral hearing			
1005 160 2005 80 Provisional filing fee	1451 1452	1,510 110	1451 2452	1,510 55		to institute a public use proceeding			
SUBTOTAL (1) (\$) 770.00	1453	1,300	2453	650		tition to revive – unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650		ssue fee (or reissue)			
Extra Fee from Fee Paid	1502	470	2502	235	Design iss	•	,		
Total Claims 43 -20** = 23 x 18.00 = 414.00	1503	630	2503	315	Plant issue				
Independent 2 -3** = 0 x 86.00 = 0.00	1460	130	1460	130	Petitions to	the Commis	sioner		
Claims 290.00 = 290.00	1807	50	1807	50	Processing	g fee under 37	CFR 1.17(a)		
	1806	180	1806	180			on Disclosure Stmt		
Large Entity Small Entity Fee Fee Fee Fee Fee Pescription	8021	40	8021	40			ssignment per		
Code (\$)						imes number	of properties) final rejection		
1202	1809	750	2809	375	(37 CFR 1	.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	750	2810	375		dditional inve (37CFR 1.129		1	
1204 86 2204 43 ** Reissue independent claims	1801	750	2801	375			Examination (RCE)		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		or expedited e	xamination	-	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	Other	of a design application Other fee (specify)							
SUBTOTAL (2) (\$) 704.00		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					0.00		
**or number previously paid, if greater; For Reissues, see above							37 37		
SUBMITTED BY						Complete	(if applicable)		
Name (Print/Type) Andrea L. C. Robidoux		ration No ey/Agent)		47,902		Telephone (617) 444-6731			
Signature ###						Date	January 29, 20	04	
14 0.01									

Attorney Docket No.: VPI/02-128 US

Certificate Of Mailing Under 37 C.F.R. § 1.10

Express Mailing No. EV 317 172 215 US Date of Deposit: January 29, 2004

I hereby certify that the following documents:

- 1. Utility Transmittal for Patent Application;
- 2. Fee Transmittal Sheet (1 page, in duplicate);
- 3. Recordation Form Cover Sheet (1 page, in duplicate);

Trees.

- 4. Executed Assignment Document (6 pages);
 Specification: 114 pages (Desc. 85 pgs, Claims 28 pgs., Abstract 1 pg);
- 5. Executed Declaration and Power of Attorney document (4 pages); and
- 6. Return postcard receipt.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen DiRocco	_				
(type or printed name of person mailing document(s))					
Karen DiRoces					
(signature of person mailing document(s))	_				